

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2009
Secretary of State**

DOCUMENT# N16501

Entity Name: MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

11591 S.W. 220 ST.
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

11591 S.W. 220 ST.
GOULDS, FL 33170

New Mailing Address:

FEI Number: 59-2131540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, J.C.,
11591 S.W. 220 ST.
GOULDS, FL 33170 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: WISE, JAMES C.
Address: 11515 S.W. 220 ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CROCKAM, JAMES
Address: 10780 SW 220TH STREET
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: AKINS, DAISY
Address: 19801 SW 110 CT APTL517
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: POOLE, WILLIE MAE
Address: 11520 S.W. 139 TERR.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WALTER, YVONNE
Address: 19800 S.W. 103CT. #107
City-St-Zip: MIAMI, FL 33187

Title: DS () Delete
Name: POPE, WINIFRED Z.
Address: 11730 S.W. 220 ST.
City-St-Zip: GOULDS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POOLE, WILLIE MAE
Address: 14661 HARRISON STREET
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: POPE, WINIFRED Z.
Address: 11730 S.W. 220 ST.
City-St-Zip: GOULDS, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C WISE

DC

03/30/2009

Electronic Signature of Signing Officer or Director

Date